MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/521097 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		1						52						
3		2						53						
4		2						54						
5		2						55						
6		2						56						
7		2						57						
8		2						58						
9		2						59						
10		2						60						
11		2						61						
12		2						62						
13		3						63						
14		1						64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38	/							88						
39		1						89						
40	/							90						
41	/							91						
42	/							92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	6							TOTAL IND.						
TOTAL DEP.	49							TOTAL DEP.						
TOTAL CLAIMS	55							TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)